

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF

MATTHEW JOHN MATABRANO

DEFENDANT

Regina Miles, et al ;

SERVE



AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

MS. Cindy Law, Central Ave. Psychiatric Center

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

Po. Box 300 MARCY NY 13403-0300

U.S. DISTRICT COURT - N.D. OF N.Y.

FILED

COURT CASE NUMBER

05 cv 1459

TYPE OF PROCESS

SUMMONS AND COMPLAINT

JAN 26 2007

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

MATTHEW JOHN MATABRANO, 045883  
WENDE CORRECTIONAL FACILITY  
3040 WENDE RD. PO. BOX 1187  
ALDEN NY 14004-1187Number of process to be  
served with this Form - 285

1

Number of parties to be  
served in this case

09

Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

9:30 AM - 5 PM

Telephone # (315)

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Matthew John Matabrano

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

716 937 4000

DATE

11/23/05

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total  
number of process indicated.  
(Sign only first USM 285 if more  
than one USM 285 is submitted)

Total Process

District  
of Origin

No. \_\_\_\_\_

District  
to Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Address (complete only if different than shown above)

Date of Service

1/19/07

Time

am

pm

Signature of U.S. Marshal or Deputy

R Clarke

Service Fee

8.00

Total Mileage Charges  
(including endeavors)

Forwarding Fee

Total Charges

8.00

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

service via regular mail 12/29/06  
USM 299 received 1-24-07

U.S. Department of Justice  
 United States Marshals Service  
 Northern District of New York  
 PO Box 7260  
 Syracuse, NY 13261



**STATEMENT OF SERVICE BY MAIL AND ACKNOWLEDGMENT  
 OF RECEIPT BY MAIL OF SUMMONS AND COMPLAINT**

**A. STATEMENT OF SERVICE BY MAIL**

United States District Court  
 for the  
 Northern District of New York

TO: Ms. Cindy Law  
 CNY Psychiatric Center  
 PO Box 300  
 Marcy, NY 13403

Civil File Number 05-CV-1459

Matthew John Matarano

v

Regina Miles, et al

The enclosed summons and complaint are served pursuant to Fed. R. Civ. P. 4(e)(1) and section 312-a of the New York Civil Practice Law and Rules.

To avoid being charged with the expense of service upon you, you must sign, date and complete the acknowledgment part of this form and mail or deliver one copy of the completed form to the sender within thirty (30) days from the date you receive it. You should keep a copy for your records or for your attorney. If you wish to consult an attorney, you should do so as soon as possible.

If you do not complete and return the form to the sender within thirty (30) days, you (or the party on whose behalf you are being served) will be required to pay expenses incurred in serving the summons and complaint in any other manner permitted by law, and the cost of such service as permitted by law will be entered as a judgment against you.

The return of this statement and acknowledgment does not relieve you of the necessity to answer the complaint. The time to answer expires thirty(30) days after the day you mail or deliver this form to the sender.

If you are served on behalf of a corporation, unincorporated association, partnership or other entity, you must indicate under your signature your relationship to the entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint by Mail was mailed on December 29, 2006.

B. Wain  
 Signature (USMS official)

**B. ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT**

I received the summons and complaint in the above-referenced matter.

CHECK ONE OF THE FOLLOWING; (IF 2 IS CHECKED, COMPLETE AS INDICATED)

1. ☒ I **am not** in military service of the United States.
2. ☐ I **am** in military service of the United States, and my rank, serial number and branch of service are as follows:  
 Rank: \_\_\_\_\_  
 Serial Number: \_\_\_\_\_  
 Branch of Service: \_\_\_\_\_

**TO BE COMPLETED REGARDLESS OF MILITARY STATUS:**

I affirm the above as true under penalty of perjury.

Peter A. Durfee  
 Signature

Peter A. Durfee  
 Print Name

1/19/07  
 Date of Signature

Cindy Law  
 Name of Defendant for which acting

Deputy Counsel for Litigation, NYSONA  
 Relationship to defendant/Authority to Receive

It is a crime to forge a signature or to make a false entry on this statement or on the acknowledgment.

2007 JAN 24 AM 11:41

RECEIVED  
 USMS - INDY